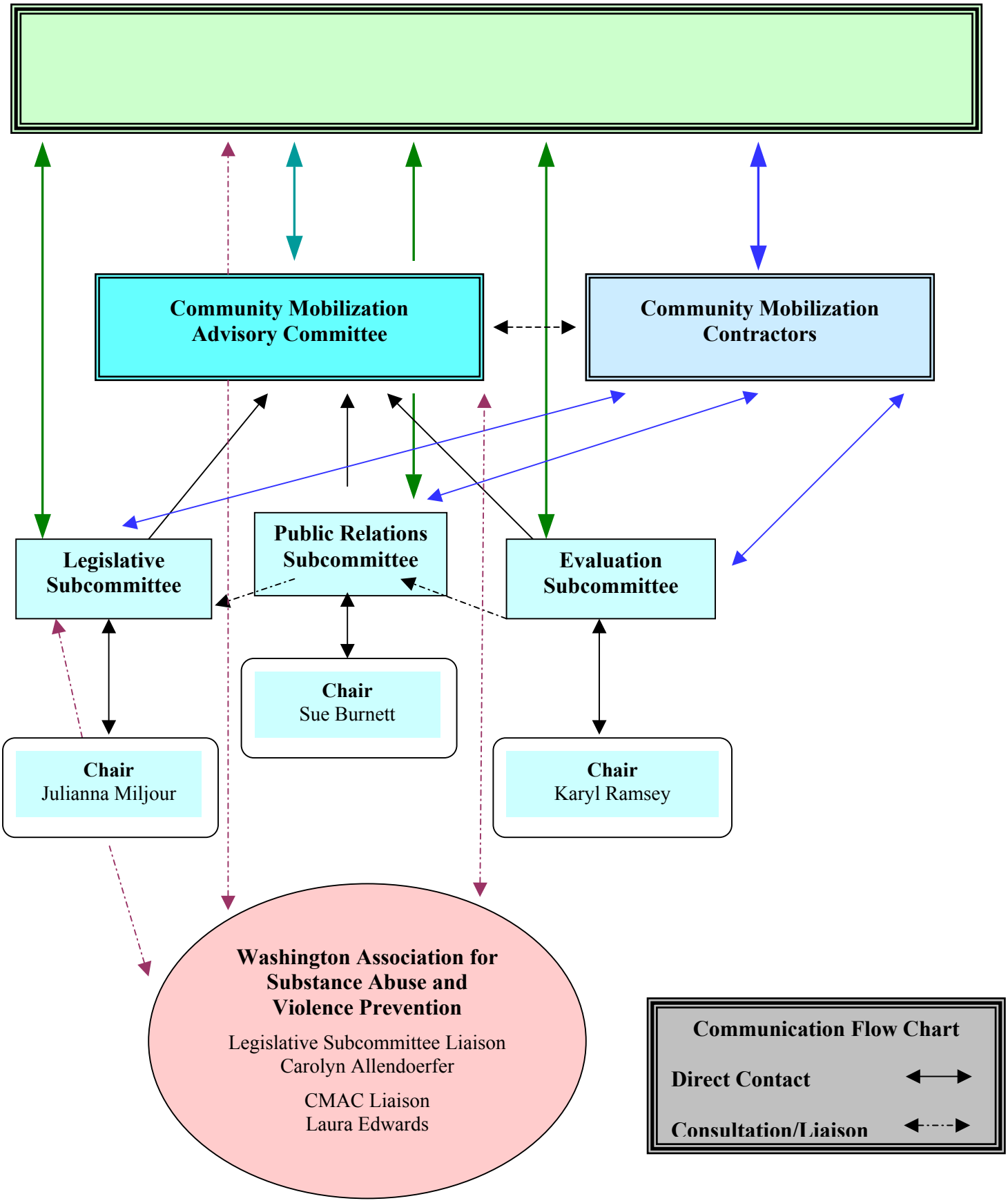
APPENDICES

APPENDIX A

COMMUNITY MOBILIZATION COMMUNICATION FLOW CHART

Appendix A


Community Mobilization Advisory Committee
Community Mobilization Contractors
Legislative Subcommittee
Public Relations Subcommittee
Evaluation Subcommittee
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Sue Burnett
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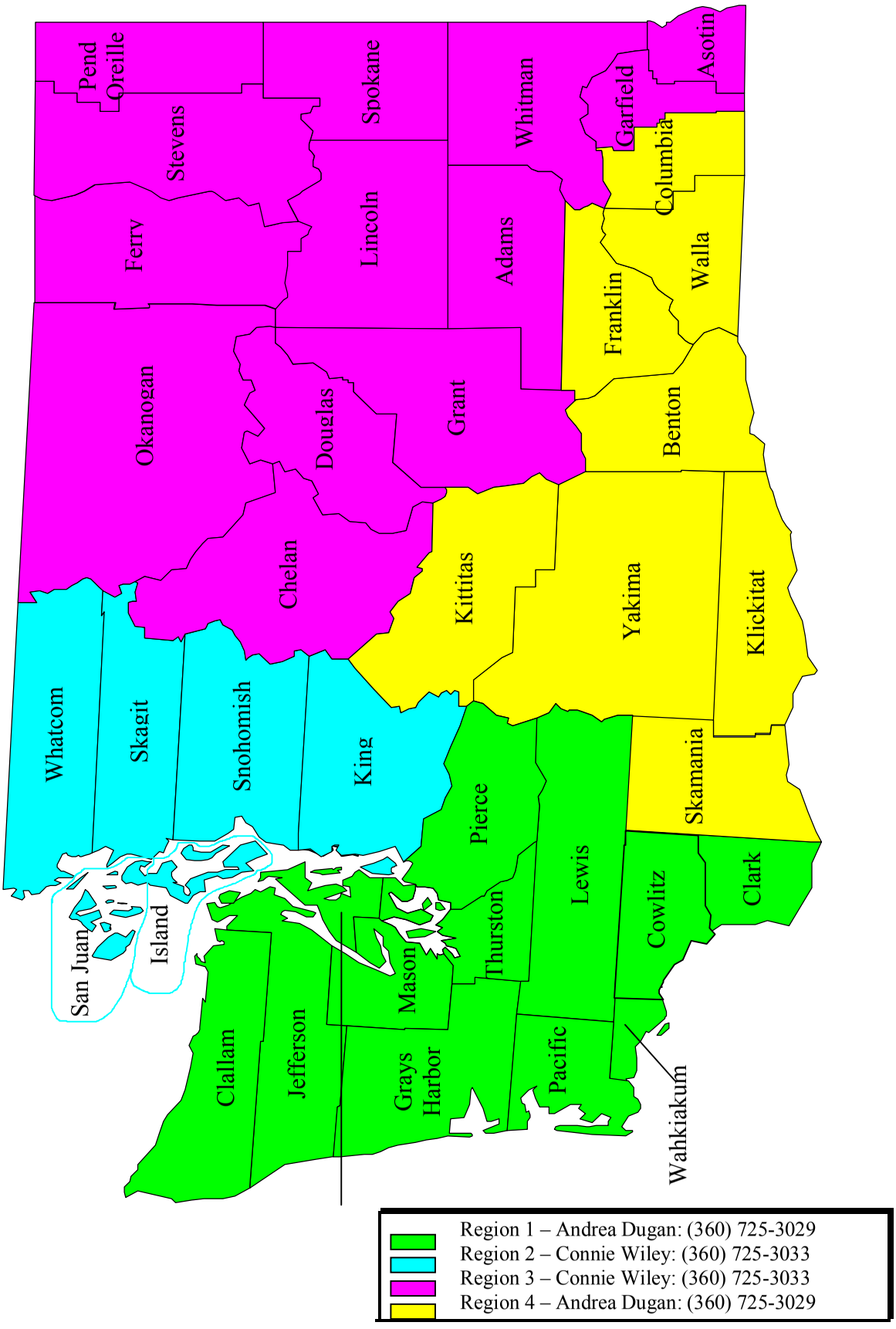
Julianna Miljour
Chair
Karyl Ramsey
Washington Association for Substance Abuse and Violence Prevention
Legislative Subcommittee Liaison
Carolyn Allendoerfer
CMAC Liaison
Laura Edwards
Communication Flow Chart
Direct Contact
Consultation/Liaison

APPENDIX B

COMMUNITY MOBILIZATION REGIONAL MAP

Appendix B

CURRENT COMMUNITY MOBILIZATION REGIONAL STRUCTURE



APPENDIX C

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Appendix C

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APPENDIX D

PRINCIPLES OF EFFECTIVE PREVENTION

Appendix D

Principles of Effective Substance Abuse Prevention

(Excerpt from "Principles of Substance Abuse Prevention" by the Center for Substance Abuse Prevention, 2001, p. 1-4.)

This page provides a brief listing of the scientifically defensible principles that can help service providers design and implement programs that work. The more detailed descriptions of each principle can be found at www.samhsa.gov/centers/csap/modelprograms/pdfs/pubs_Principles.pdf.

The principles are divided into six domains: Individual, Family, Peer, School, Community, and Society/Environmental.

Individual Domain

I-1 Build social and personal skills.
I-2 Design culturally sensitive interventions.
I-3 Cite immediate consequences.
I-4 Combine information dissemination and media campaigns with other interventions.
I-5 Provide positive alternatives to help youth in high-risk environments develop personal and social skills in a natural and effective way.
I-6 Recognize that relationships exist between substance use and a variety of other adolescent health problems.
I-7 Incorporate problem identification and referral into prevention programs.
I-8 Provide transportation to prevention programs.

Family Domain

F-1 Target the entire family.
F-2 Help develop bonds among parents in programs; provide meals, transportation, and small gifts; sponsor family outings; and ensure cultural sensitivity.
F-3 Help minority families respond to cultural and racial issues.
F-4 Develop parenting skills.
F-5 Emphasize family bonding.
F-6 Offer sessions where parents and youth learn and practice skills.
F-7 Train parents to both listen and interact.
F-8 Train parents to use positive and consistent discipline techniques.
F-9 Promote new skills in family communication through interactive techniques.
F-10 Employ strategies to overcome parental resistance to family-based programs.
F-11 Improve parenting skills and child behavior with intensive support.
F-12 Improve family functioning through family therapy when indicated.
F-13 Explore alternative community sponsors and sites for schools.
F-14 Videotape training and education.

Peer Domain

P-1 Structure alternative activities and supervise alternative events.
P-2 Incorporate social and personal skills-building opportunities.
P-3 Design intensive alternative programs that include a variety of approaches and substantial time commitment.
P-4 Communicate peer norms against use of alcohol and illicit drugs.
P-5 Involve youth in the development of alternative programs.
P-6 Involve youth in peer-led interventions or interventions with peer-led components.
P-7 Counter the effects of deviant norms and behaviors by creating an environment for youth with behavior problems to interact with other nonproblematic youth.

School Domain

S-1 Avoid relying solely on knowledge-oriented interventions designed to supply information about negative consequences.
S-2 Correct misconceptions about the prevalence of use in conjunction with other education approaches.
S-3 Involve youth in peer-led interventions or interventions with peer-led components.
S-4 Give students opportunities to practice newly acquired skills through interactive approaches.
S-5 Help youth retain skills through booster sessions.
S-6 Involve parents in school-based approaches.
S-7 Communicate a commitment to substance abuse prevention in school policies.

Community Domain

C-1 Develop integrated, comprehensive prevention strategies rather than one-time community-based events.
C-2 Control the environment around schools and other areas where youth gather.
C-3 Provide structured time with adults through mentoring.
C-4 Increase positive attitudes through community service.
C-5 Achieve greater results with highly involved mentors.
C-6 Emphasize the costs to employers of workers' substance use and abuse.
C-7 Communicate a clear company policy on substance abuse.
C-8 Include representatives from every organization that plays a role in fulfilling coalition objectives.
C-9 Retain active coalition members by providing meaningful rewards.
C-10 Define specific goals and assign specific responsibility for their achievement to subcommittees and task forces.
C-11 Ensure planning and clear understanding for coalition effectiveness.
C-12 Set outcome-based objectives.
C-13 Support a large number of prevention activities.
C-14 Organize at the neighborhood level.
C-15 Assess progress from an outcome-based perspective and make adjustments to the plan of action to meet goals.
C-16 Involve paid coalition staff as resource providers and facilitators rather than as direct community organizers.

Society/Environmental Domain

S/E-1	Develop community awareness and media efforts.
S/E-2	Use mass media appropriately.
S/E-3	Provide structured time with adults through mentoring.
S/E-4	Avoid the use of authority figures.
S/E-5	Broadcast messages frequently over an extended period of time.
S/E-6	Broadcast messages through multiple channels when the target audience is likely to be viewing or listening.
S/E-7	Disseminate information about the hazards of a product or industry that promotes it.
S/E-8	Promote replacement of more conspicuous labels.
S/E-9	Promote restrictions on tobacco use in public places and private workplaces.
S/E-10	Promote clean indoor air laws.
S/E-11	Combine beverage server training with law enforcement.
S/E-12	Combine beverage servers' legal liability.
S/E-13	Increase the price of alcohol and tobacco through excise taxes.
S/E-14	Increase minimum purchase age for alcohol to 21.
S/E-15	Limit the location and density of retail alcohol outlets.
S/E-16	Employ neighborhood antidrug strategies.
S/E-17	Enforce minimum purchase age laws using undercover buying operations.
S/E-18	Use community groups to provide positive and negative feedback to merchants.
S/E-19	Employ more frequent enforcement operations.
S/E-20	Implement "use and lose" laws.
S/E-21	Enact deterrence laws and policies for impaired driving.
S/E-22	Enforce impaired-driving laws.
S/E-23	Combine sobriety checkpoints with positive passive breath sensors.
S/E-24	Revoke licenses for impaired driving.
S/E-25	Immobilize or impound the vehicles of those convicted of impaired driving.
S/E-26	Target underage drivers.

To order a free copy of "Principles of Substance Abuse Prevention" by the Center for Substance Abuse Prevention (2001), contact the National Clearinghouse for Alcohol and Drug Information (NCADI), (800) 729-6686, and request publication order no. "**PHD 865**."

Prevention Principles for Children and Adolescents

(Excerpt from "Preventing Drug Use Among Children and Adolescents: A Research-Based Guide" by the National Institute for Drug Abuse, 1997, p. i-ii)

The following principles can be applied to either existing programs to assess their potential effectiveness or used when designing innovative programs/strategies.

- Prevention programs should be designed to enhance protective factors and move toward reversing or reducing known risk factors.
- Prevention programs should target all forms of drug abuse, including the use of tobacco, alcohol, marijuana, and inhalants.
- Prevention programs should include skills to resist drugs when offered, strengthen personal commitments against drug use, and increase social competency (e.g., in communications, peer relationships, self-efficacy, and assertiveness), in conjunction with reinforcement of attitudes against drug use.
- Prevention programs for adolescents should include interactive methods, such as peer discussion groups, rather than didactic teaching techniques alone.
- Prevention programs should include a parents' or caregivers' component that reinforces what the children are learning -- such as facts about drugs and their harmful effects -- and that opens opportunities for family discussions about use of legal and illegal substances and family policies about their use.
- Prevention programs should be long-term, over the school career with repeat interventions to reinforce the original prevention goals. For example, school-based efforts directed at elementary and middle school students should include booster sessions to help with critical transitions from middle to high school.
- Family-focused prevention efforts have a greater impact than strategies that focus on parents only or children only.
- Community programs that include media campaigns and policy changes, such as new regulations that restrict access to alcohol, tobacco, or other drugs, are more effective when they are accompanied by school and family interventions.
- Community programs need to strengthen norms against drug use in all drug abuse prevention settings, including the family, the school, and the community.
- Schools offer opportunities to reach all populations and also serve as important settings for specific subpopulations at risk for drug abuse, such as children with behavior problems or learning disabilities and those who are potential dropouts.
- Prevention programming should be adapted to address the specific nature of the drug abuse problem in the local community.
- The higher the level of risk of the target population, the more intensive the prevention effort must be and the earlier it must begin.

- Prevention programs should be age-specific, developmentally appropriate, and culturally sensitive.

- Effective prevention programs are cost-effective. For every dollar spent on drug use prevention, communities can save 4 to 5 dollars in costs for drug abuse treatment and counseling.

To order a free copy of "**Preventing Drug Use Among Children and Adolescents: A Research - Based Guide**" by the National Institute for Drug Abuse (1997) contact The National Clearinghouse for Alcohol and Drug Information (NCADI), (800) 729-6686, and request publication order no. "**PHD 734**."

APPENDIX E

COMMUNITIES THAT CARE

Appendix E

Communities That Care®

RISK FACTORS	Adolescent Problem Behaviors				
	Substance Abuse	Delinquency	Teen Pregnancy	School Drop-Out	Violence
Community					
Availability of Drugs	✔				✔
Availability of Firearms		✔			✔
Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	✔	✔			✔
Media Portrayals of Violence					✔
Transitions and Mobility	✔	✔		✔	
Low Neighborhood Attachment and Community Disorganization	✔	✔			✔
Extreme Economic Deprivation	✔	✔	✔	✔	✔
Family					
Family History of the Problem Behavior	✔	✔	✔	✔	✔
Family Management Problems	✔	✔	✔	✔	✔
Family Conflict	✔	✔	✔	✔	✔
Favorable Parental Attitudes And Involvement in the Problem Behavior	✔	✔			✔
School					
Early and Persistent Anti-social Behavior	✔	✔	✔	✔	✔
Academic Failure Beginning in Late Elementary School	✔	✔	✔	✔	✔
Lack of Commitment to School	✔	✔	✔	✔	✔
Individual/Peer					
Alienation and Rebelliousness	✔	✔		✔	
Friends Who Engage in the Problem Behavior	✔	✔	✔	✔	✔
Favorable Attitudes Toward the Problem Behavior	✔	✔	✔	✔	
Early Initiation of the Problem Behavior	✔	✔	✔	✔	✔
Constitutional Factors	✔	✔			✔

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	Risk Factor Addressed	Program Strategy	Protective Factors: Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period	Page #
Community Domain	**Availability of Drugs**	Community/School Policies	✔	✔	✔	✔	✔	All	136
	Availability of Firearms	Community/School Policies	✔					All	136
	Community Laws and Norms Favorable Toward Drug Use, Firearms, and Crime	Classroom Curricula for Social Competence	✔		✔			6-14	65
		Community Mobilization	✔	✔	✔	✔	✔	All	132
		Community /School Policies	✔	✔	✔	✔	✔	All	136
		Policing Strategies	✔					All	140
	Media Portrayals of Violence								
	Transitions and Mobility	Organizational Change in Schools	✔	✔	✔	✔	✔	6-18	45
	Low Neighborhood Attachment and Community Disorganization	Community Mobilization	✔	✔	✔	✔	✔	All	132
		Policing Strategies	✔					All	140
		Organizational Change in Schools	✔	✔	✔	✔	✔	All	45
		Classroom Curricula for Social and Emotional Competence Promotion	✔		✔	✔		11-14	65
	Extreme Economic Deprivation	Prenatal and Infancy Programs	✔	✔	✔	✔	✔	Prenatal-3	4
		Youth Employment with Education	✔	✔	✔	✔	✔	All	128

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	Risk Factor Addressed	Program Strategy	Protective Factors: Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period	Page #
Family Domain	**Family History of the Problem Behavior**	Prenatal/Infancy Programs	✔	✔	✔	✔	✔	Prenatal-2	4
	Family Management Problems	Prenatal./ Infancy Programs	✔	✔	✔	✔	✔	Prenatal-2	4
		Early Childhood Education	✔	✔	✔	✔	✔	3-5	14
		Parent Training	✔	✔	✔	✔	✔	Prenatal-14	25
		Family Therapy	✔	✔	✔	✔	✔	6-14	41
	Family Conflict	Marital Therapy	✔	✔	✔	✔	✔	Prenatal	2
		Prenatal/Infancy Programs	✔	✔	✔	✔	✔	Prenatal-2	4
		Parent Training	✔	✔	✔	✔	✔	Prenatal-14	25
		Family Therapy	✔	✔	✔	✔	✔	6-14	41
	Favorable Parental Attitudes and Involvement in the Problem Behavior	Prenatal/Infancy Programs	✔	✔	✔	✔	✔	Prenatal-2	4
		Parent Training	✔	✔	✔	✔	✔	Prenatal-14	25
		Community/School Policies	✔	✔	✔	✔	✔	All	136

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	Risk Factor Addressed	Program Strategy	Protective Factors: Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period	Page #
School Domain	**Early and Persistent Anti-social Behavior**	Early Childhood Education	✔	✔	✔	✔	✔	3-5	14
		Parent Training	✔	✔	✔	✔	✔	Prenatal-10	25
		Family Therapy	✔	✔	✔	✔	✔	6-18	41
		Classroom Organization, Management and Instructional Strategies	✔	✔	✔	✔	✔	6-18	51
		Classroom Curricula for Social and Emotional Competence Promotion	✔	✔	✔	✔	✔	6-14	65
		School Behavior Management Strategies	✔		✔		✔	6-14	98
		Afterschool Recreation Programs	✔	✔	✔	✔	✔	6-10	118
		Mentoring	✔		✔		✔	11-18	122
	Academic Failure Beginning in Late Elementary School	Prenatal/Infancy Program	✔	✔	✔	✔	✔	Prenatal-2	4
		Early Childhood Education	✔	✔	✔	✔	✔	3-5	14
		Parent Training	✔	✔	✔	✔	✔	Prenatal-10	25
		Organizational Change in Schools	✔	✔	✔	✔	✔	6-18	46

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	Risk Factor Addressed	Program Strategy	Protective Factors: Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period	Page #
School Domain	**Academic Failure** (continued)	Classroom Organization, Management and Instructional Strategies	✔	✔	✔	✔	✔	6-18	46
		Classroom Curricula for Social and Emotional Competence Promotion	✔	✔	✔	✔	✔	6-14	65
		School Behavior Management Strategies	✔		✔		✔	6-14	98
		Youth Employment with Education	✔	✔	✔	✔	✔	15-21	129
	Lack of Commitment To School	Early Childhood Education	✔	✔	✔	✔	✔	3-5	14
		Organizational Changes in Schools	✔	✔	✔	✔	✔	6-18	46
		Classroom Organization, Management and Instructional Strategies	✔	✔	✔	✔	✔	6-18	51
		School Behavior Management Strategies	✔		✔		✔	6-14	98
		Mentoring	✔		✔		✔	11-18	122
		Youth Employment with Education	✔	✔	✔	✔	✔	15-21	129

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	Risk Factor Addressed	Program Strategy	Protective Factors: Healthy Beliefs & Clear Standards	Bonding	Opport.	Skills	Recog.	Developmental Period	Page #
Individual/Peer Domain	**Rebelliousness**	Family Therapy	✔	✔	✔	✔	✔	6-14	41
		Classroom Curricula for Social Competence Promotion	✔	✔	✔	✔	✔	6-14	65
		School Behavior Management Strategies	✔		✔		✔	6-14	98
		After-school Recreation	✔	✔	✔	✔	✔	6-10	118
		Mentoring	✔		✔		✔	11-18	122
		Youth Employment with Education	✔	✔	✔	✔	✔	15-18	128
	Friends Who Engage in the Problem Behavior	Parent Training	✔	✔	✔	✔	✔	6-14	25
		Classroom Curricula for Social Competence Promotion	✔	✔	✔	✔	✔	6-14	65
		After-school Recreation	✔	✔	✔	✔	✔	6-14	118
		Mentoring	✔		✔		✔	11-18	122
	Favorable Attitudes Toward the Problem Behavior	Classroom Curricula for Social Competence Promotion	✔	✔	✔	✔	✔	6-14	65
		Community/School Policies							136
	Early Initiation of the Problem Behavior	Parent Training	✔	✔	✔	✔	✔	6-14	25
		Classroom Organization Management and Instructional Strategy	✔	✔	✔	✔	✔	6-10	51
		Classroom Curricula for Social Competence	✔	✔	✔	✔	✔	6-14	65
		Community/School Policies	✔					All	136
	Constitutional Factors	Prenatal/Infancy Programs	✔	✔	✔	✔	✔	Prenatal	4

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APPENDIX F

DEFINITIONS

Appendix F

Definitions

Abuse	Use of alcohol or other drugs in amounts harmful to the individual's or other's health or safety.
Adaptation	A reduced level of fidelity in implementing a best practice. An adjustment of a best practice to fit the needs of the population. For more information, see the WestCAPT website: http://www.unr.edu/westcapt/bestpractices/bestprac.htm.
Aftercare	Care or services given following the original service and to enhance the beneficial effect of the original service, in particular relating to treatment, retention and relapse prevention.
Assessment	A diagnostic service (performed by a qualified professional) designed to evaluate clients' involvement with alcohol and other drugs, and to recommend an appropriate course of action.
Best Practice	Strategies, activities, or approaches that have been shown through research and evaluation to be effective at preventing and/or delaying substance abuse (Western Center for the Application of Prevention Technologies). Represents a more rigorous level of evaluation than does a promising practice. For more information, see the WestCAPT website: http://www.unr.edu/westcapt/bestpractices/bestprac.htm.
Chemical Dependency	A disease characterized by a person's dependence on alcohol or other drugs; loss of control over the amount and circumstances of use; symptoms of tolerance; physiological and/or psychological withdrawal, if use is reduced or discontinued; and/or impairment of health or disruption of social or economic functioning.
Collaboration	Communication among a collected group of people, which results in shared commitment to, unified action.
Community	A holistic, all-inclusive, collaborative spirit shared among a group of people.
Continuing Care	A type of treatment service intended to support an individual's progress in recovery from chemical dependency related issues (i.e., addiction, co-dependence, post-traumatic stress, etc.). This service normally follows a course of more intensive chemical dependency treatment.
Continuum of Care	The full range of services including, but not limited to education, prevention, intervention, law and justice, treatment, aftercare and others.
Deterrence	Providing educational, social, legal, and systematic sanctions and/or incentives to an individual prior to the decision to enter into an unhealthy or legally prohibited behavior.
Early Identification	The process by which the early signs and indicators of misuse, use, or abuse of alcohol and/or other drugs are detected and acknowledged.
Education	The action or process of teaching or being educated about tobacco, alcohol, and other drug use, misuse, abuse and chemical dependency.
Innovation	A strategy or program that has been developed out of original ideas rather than a best or promising practice. Though it may include "borrowed" pieces of best and/or promising programs, the fidelity is not high enough to warrant being deemed an adaptation.

Interdiction	Authoritatively decreeing an order to stop a behavior and return to a compliance status or consequences will be rendered.
Intervention	Activity designed to interrupt a behavioral pattern that is linked to increased risks for illness, injury, disability, or death.
Misuse	Use of tobacco, alcohol and other drugs in a manner that causes harm to self, to others, or to property (i.e., any alcohol use by pregnant women or individuals under 21 years; any illegal drug use; or use of prescription drugs other than as prescribed).
Mobilization	A collaborative, united, targeted action in a community, county, or in a consortium of counties.
Partnership	An agreement, contract, or alliance entered into by two or more parties or entities in which each agrees to furnish a part of the resources; i.e., funds, expertise, services, technology or labor, for an identified, unified purpose, by which each shares in the outcomes.
Prevention	Programs and services that are designed to identify risk factors and delay or prevent the misuse of tobacco, alcohol and other drugs.
Promising Practice	Strategies, activities, or approaches that have some quantitative data showing positive outcomes in delaying substance abuse over a period of time, but do not have enough research or replication to support generalizable outcomes. (Western Center for the Application of Prevention Technologies). Represents a less rigorous level of evaluation than does a "best practice." For more information, see the WestCAPT website: http://www.unr.edu/westcapt/bestpractices/bestprac.htm.
Protective Factors	Aspects of peoples' lives that counter or buffer risk. Protective factors fall under three basic categories: **Individual Characteristics**: Characteristics that children are born with and are difficult to change, such as gender, a resilient temperament, a positive social orientation, and intelligence. **Bonding**: Children who are attached to positive families, friends, their school and community, and who are committed to achieving the goals valued by these groups are less likely to develop problems in adolescence. **Healthy Beliefs and Clear Standards**: The people to whom youth are bonded need to have clear, positive standards for behavior. Young people are more likely to follow these standards when parents, teachers and communities set clear standards for children's behavior, when they are widely and consistently supported, and when the consequences for not following the standards are consistent.
Recovery	A condition established when a chemically dependent individual has accepted their chemical dependence; recognized that a number of life problems have resulted from their continued use of alcohol and/or other drugs; and maintains total abstinence from alcohol and other mood altering drugs, unless prescribed by a licensed physician.
Referral	The act of directing a person to a source for help or information.

Replication	The highest level of fidelity in implementing a best practice. A copy or precise imitation of a best practice. For more information, see the WestCAPT website: http://www.unr.edu/westcapt/bestpractices/bestprac.htm.
Risk Factors	Aspects of peoples' lives and conditions within communities that increase the chances of adolescents developing health and behavior problems. Risk factors are identified under the following four domains: **Community Risk Factors**: Availability of drugs and firearms; community laws and norms favorable toward drug use, firearms, and crime; media portrayal of violence; transitions and mobility; low neighborhood attachment and community disorganization; and extreme economic deprivation. **Family Risk Factors**: Family history of the problem behavior; family management problems; family conflict; and parental attitudes and involvement in drug use, crime and violence. **School Risk Factors**: Early and persistent antisocial behavior; academic failure in elementary school; and lack of commitment to school. **Individual/Peer Risk Factors**: Alienation and rebelliousness; friends who engage in the problem behavior; favorable attitudes toward the problem behavior; early initiation of the problem behavior; and constitutional factors.
Strategy	An activity or program implemented to reduce known risk factors and enhance protective factors by promoting bonding to school, family, community or peer systems by providing opportunities, skills and recognition in interaction with persons who present healthy values and set clear standards for behavior.
Support	To provide for or maintain by supplying needed resources and/or services intended to enhance the person's ability to sustain a healthy lifestyle.
Technical Assistance	Transfer of technology, skills, or information.
Treatment	A broad range of emergency, detoxification, residential, and outpatient services and care including diagnostic evaluation, chemical dependence education and counseling, medical, psychiatric, psychological, and social service care, and vocational rehabilitation and career counseling, which may be extended to alcoholics and other drug addicts and their families, persons incapacitated by alcohol or other psychoactive chemicals, and intoxicated persons.
Use	The consumption of a mood altering substance, regardless of the amount or the route of administration.

Street Drug Terminology

Amphetamines:	black beauty, candy, double cross, jelly bean, speed upper, white cross
Benzodiazepine:	downer, lib (librium), mother's little helper, tranq, V (Valium)
Barbiturate:	blue, Christmas trees, downer, M&M, peanut, red and blue, red devil, sleeper, yellow jacket

Cocaine:	blue, dust, eight ball (3.55 grams), girl, lady, nose powder, pimp, sniff, snort, snow, toot
Smokable Cocaine:	base, crack, eggs, freebase, fries, rocks
Heroin:	black tar, brown sugar, crap, dirt, flea powder, H, hard candy, joy powder, scag, smack, speedball (cocaine and heroin injected), white horse, whiz bang
Lysergic Acid Diethylamide (LSD):	acid, blotter, double dome, (orange or purple) haze, microdot, pane (a clear piece), tab, trip, yellow sunshine
Marijuana:	Christmas tree (cheap MJ), Colombian, doobee, gold good shit, herb, joint, Maui wowee, pot, red-haired lady, sen (sinsemilla--potent variety), sezz (sinsemilla), stick, stone, tea
Mescaline (hallucinogen from cactus):	beans cactus, chief, mesc, peyote

Street Drug Terminology
Miscellaneous Drugs

Methamphetamine:	crystal meth, speed, water (a potent central nervous stimulant, often responsible for violent erratic behavior)
Smokable Methamphetamine:	ice
Methylamphetamine Derivative (hallucino-enic stimulant):	DOM, STP
Methylated MDA:	Adam, Ecstacy, MDMA, XTC
Inhalant:	huff, poor man's pot, sniff, Whiteout
Isobutyl Nitrite (legal inhalant):	aroma of men, hardware, poppers, rush, snappers
Lookalike:	drugs that are fake and designed to look like another, more expensive drug, and may contain dangerous drugs
Nitrous Oxide (laughing gas):	whippets (propellant in spray can of whipping cream)
Phencyclidine (PCP):	angel dust, Hinkley, hog, loveboat, Shermans, wack
Psilocybin/Psilocin (hallucinogen from mushroom):	mushrooms, shrooms, silly putty, simple Simon

APPENDIX G

LEGEND TO GRAPHS

Appendix G

LEGENDS TO GRAPHS

List of Risk and Protective Factors:

1. Availability of Drugs
2. Availability of Firearms (OCD only)
3. Laws and Norms Favorable to Drug Use, Firearms & Crimes
4. Media Portrayals of Violence (OCD only)
5. Transitions and Mobility
6. Low Neighborhood Attachment & Community Disorganization
7. Extreme Economic Deprivation
8. Community: Opportunities for Pro-Social Involvement (Protective)
9. Community: Rewards for Pro-Social Involvement (Protective)
10. Organizing Activities (OCD only) (Protective)
11. Support Activities (OCD only) (Protective)
12. Family History of Problem Behavior
13. Family Management Problems
14. Family Conflict
15. Favorable Parental Attitudes & Involvement in the Behavior
16. Bonding: Family Attachment (Protective)
17. Family: Opportunities for Prosocial Involvement (Protective)
18. Family: Rewards for Prosocial Involvement (Protective)
19. Early and Persistent Antisocial Behavior
20. Academic Failure
21. Lack of Commitment to School
22. Bonding: Attachment to School (Protective)
23. School: Opportunities for Prosocial Involvement (Protective)
24. School: Rewards for Prosocial Involvement (Protective)
25. Rebelliousness
26. Friends Who Engage in the Problem Behavior
27. Favorable Attitudes Toward the Problem Behavior
28. Early Initiation of the Problem Behavior
29. Constitutional Factors
30. Healthy Beliefs and Clear Standards
31. Bonding: Attachment to Prosocial Peers
32. Social Skills

Measurement Foci:

1. Risk Factor
2. Protective Factor
3. Alcohol Abuse
4. Tobacco Abuse
5. Marijuana Abuse
6. Inhalant Abuse
7. Other Drug Abuse (specific)
8. Substance Abuse (general)

9. Delinquent Behavior
10. Gang Involvement
11. Adult Criminal Behavior
12. Core Measure
13. Other

Measurement Method:

I. Survey Self-Report Measures: Youth

1. Standardized Youth Survey, Multiple Topics (e.g. CTC Youth Survey, Search, Pride)
2. Standardized Youth Survey, Single/Limited Topics (e.g. Scales taken from CTC Youth Survey)
3. Survey Developed by Program, Multiple Topics (Youth)
4. Survey Developed by Program, Single/Limited Topics (Youth)
5. Survey Developed by Program, Multiple Topics (Adults)
6. Survey Developed by Program, Single/Limited Topics (Adults)

II. Survey Self-Report Measures: Adults

7. Standardized Household Telephone Survey, Multiple Topics
8. Standardized Household Telephone Survey, Single/Limited Topics
9. Household Survey using Home Interviews, Multiple Topics
10. Household Survey using Home Interviews, Single/Limited Topics

III. Archival Indicators:

11. Standard Washington Archival Indicators(s) (RDA data)
12. Archival Indicator(s) Developed by Program
13. School Grades
14. School Attendance
15. School Incident Reports/Disciplinary Actions

IV. Other Measurement Instrument:

16. Standardized Teacher Report
17. Teacher Report Developed by Program
18. Standardized Parent Report
19. Parent Report Developed by Program
20. Coalition Assessment Tool
21. Participant Satisfaction Tool
22. Focus Group/Key Informant Findings
23. Program Documentation
24. Other